



ENGINEERING TECTONICS, P.A.
ENGINEERS • GEOLOGISTS • HYDROLOGISTS

P.O. Box I, Winston-Salem, NC 27108 (910) 724-6994

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N.C. Dept. of EHNR

MAR -3 1994

Winston-Salem
Regional Office

March 2, 1994

North Carolina Department of Environment, Health & Natural Resources
Division of Environmental Management
Winston-Salem Regional Office
Groundwater Section
8025 North Point Blvd.
Winston-Salem, North Carolina 27106

Subject: Notice of Intent: UST Permanent Closure or Change-In-Service
Baptist Hospital
Winston-Salem, North Carolina

Attention: Cindy Rintoul

Ms. Rintoul:

Enclosed is a Notice of Intent: UST Permanent Closure or Change in Service (GW/UST-3) form for the Baptist Hospital in Winston-Salem, North Carolina. Two (2) 1000 gallon diesel underground storage tanks are scheduled to be removed from the MRI unit and the Ambulatory Care unit of the hospital at the end of next month.

If you have any questions, please contact us at (910)724-6994 or (800) 394-8807.

Sincerely,

ENGINEERING TECTONICS, P.A.

Dan Bowser
Staff Geologist

Enc.

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Baptist Hospital

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: Medical Center Blvd.County: ForsythCity: Winston-Salem State: NC Zip Code: 27157Tele. No. (Area Code): (910) 716-2011

II. LOCATION OF TANK(S)

Facility Name or Company Baptist Hospital -Facility ID # (if available) Ambulatory Care UnitStreet Address or State Road: Medical Center Blvd.County: Forsyth City: Winston-Salem Zip Code: 27157Tele. No. (Area Code): (910) 716-2011

III. CONTACT PERSON

Name: John Klimkowski Job Title: Engineer Telephone Number: (910) 716-2011

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Dunn, Foster, & SpainhourAddress: 2809 Hall Lane, Winston-Salem State: NC Zip Code: 27102Contact: Walt Foster Phone: (910) 768-8586

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>6</u>	<u>1000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>40240</u>	<u>1000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Dan BowserStaff Geologist*Scheduled Removal Date: 3/28/94Signature: Dan BowserDate Submitted: 3/1/94

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.